

W-9/ QUESTIONNAIRE INSTRUCTIONS

The enclosed form, required by the State of New Jersey Centralized Accounting System, must be completed by Vendors who intend to do business with the State of N.J. or by State employees who are seeking reimbursement for travel or training expenses.

PART I NAME/ADDRESS

Part 1 is a W-9 form as required by the Internal Revenue Service to verify the name, address and federal identification number for payees who may receive a 1099.

If the information is correct, sign and date the form on line 6.

If the name and address is not correct, make any changes in the box to the right of the name and address.

If the taxpayer identification is incorrect (line 4), enter the correct number in the box to the right of the number. If the number is the social security number, place an X in that box. If the number is an employer identification number, place an X in that box.

PART II VENDOR DATA

Section 1. For the vendor listed in Part 1, place in the block the two character code that best describes the business function or type of governmental entity.

Section 2. Print the phone number, name and title of the individual completing the form.

If you are an employee of the State of New Jersey or manage a Confidential Fund or a Petty Cash Fund for a State agency, do not answer the remaining portion of the questionnaire.

Section 3. - If the vendor listed in Part 1 manufactures goods, place an "M" in the block.
- If the vendor listed in Part 1 renders a service, place an "S" in the block. This pertains to services other than health related services.
- If the vendor listed in Part 1 renders a health related services, place a "H" in the block.
- If the vendor listed in Part 1 is a governmental agency, place a "G" in the block.
- If the vendor listed in Part 1 does not belong in the four previous categories, place the letter "0" in the block and print the principal activity of your organization.

Section 4. - If the vendor listed in Part 1 is a corporation, place a "C" in the block.
- If the vendor listed in Part 1 is an association, place an "A" in the block.
- If the vendor listed in Part 1 is a sole proprietorship, place an "I" in the block.
- If the vendor listed in Part 1 is a joint venture place a "J" in the block.
- If the vendor listed in Part 1 is a partnership, place a "P" in the block.
- If the vendor listed in Part I does not belong to the five previous categories, place the letter "0" in the block and print the business structure of your organization.

Section 5. - For the vendor with a N.J Address listed in Part 1, code the four digit County Municipality code that pertains to the address. Codes are listed in alphabetical order by county on the back of the W-9 form.

After the form is signed and completed, please return it to the following address:

OMB VENDOR CONTROL UNIT
PO BOX 221
TRENTON, NJ 08625